

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

(916) 445-4458



March 14, 1979

ALL-COUNTY INFORMATION NOTICE I-29-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CA-20 (SIMPLIFIED REDETERMINATION FORM)

REFERENCE: ALL-COUNTY INFORMATION NOTICE I-37-77

Attached is a copy of form CA-20 that has been developed for use in the annual AFDC redetermination process. The CA-20 is an outgrowth of the previously pilot tested CA-2R and of subsequent work by the Department of Social Services (DSS) and the County Forms Advisory Committee. This advance copy is being provided for counties that do their own printing and to allow for training of staff prior to availability of regular supplies.

Significant characteristics of the CA-20 include: 1) a cover page which contains a brief explanation of the redetermination; rights and responsibilities; an appointment section and a statement of the consequences of failure to complete the redetermination; 2) the removal of most items of eligibility not subject to change, and the rewording and reformatting of other questions for further simplification; 3) extensive preprinted information in the County Use Only section to assist with the verification and documentation of certain eligibility items; 4) a statement in the certification section instructing recipients to sign the form in the presence of their worker; and 5) a section for the eligibility worker to summarize the status of the redetermination, including space for appropriate worker and supervisor signatures.

The CA-20 is not to be used for the initial eligibility determination, and its use at redetermination is not mandatory at this time. If you do use the CA-20 for redeterminations, the process should include review of the most recently completed CA-2, all intervening CA-7s, and any other pertinent case record information. This process should provide a comprehensive update of the case record for determining continuing eligibility.

To ensure delivery of regular supplies of the CA-20 by April 10, we are requesting that you place your orders immediately with the DSS using the Form Order (GEN 727B) procedure. Spanish translations of this form should be available within a month of the English.

Use of the form CA-20 will shorten the time required to complete the annual AFDC redetermination without a decrease in program effectiveness. The form's development is a significant achievement in the Department's continuing efforts to improve the efficiency, effectiveness and equity of the AFDC program.

If you have any suggestions or recommendations for improvement to this form, please submit them to:

Henry J. Puga, Program Analyst
AFDC Program Systems Bureau
744 P Street, M.S. 16-31
Sacramento, CA 95814

If you have any questions regarding the use or implementation of this form, please contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,



MARTON J. WOODS

Director

Attachment

cc: CWDA

The yearly review of your AFDC eligibility is now due.

Reason for Yearly Review (Redetermination)

The welfare department is required to completely review your eligibility for AFDC at least once every 12 months. This redetermination assures that eligibility still exists and that you are receiving the correct grant. Your cooperation is required.

Basically, this process involves reviewing all items of eligibility in your case record. You must complete the attached form and come to an interview with your eligibility worker.

Your Rights as an AFDC Recipient

- To discuss any action regarding your case with the welfare department any time you are dissatisfied.
- To be notified at least 10 days before your grant is to be reduced or discontinued.
- To request a state hearing if you are dissatisfied with any action of the welfare department.
- To have your records kept confidential by the welfare department.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap or age.
- To be treated with courtesy and consideration.
- To receive aid without interruption when you move from one county to another if you remain eligible.

Your Responsibilities as an AFDC Recipient

You must report the following kinds of changes to the county welfare department immediately (within 5 days) and on the next CA 7 (Monthly Eligibility & Income Report).

- You receive money from working, relatives, social security, veterans' benefits, tax refunds, or other source.
- You begin or stop work or training.
- You begin to receive free rent or utilities where you live.
- Your income increases, decreases or stops.
- You get or dispose of real estate or personal property, including purchase or sale of homes, vehicles, etc.
- Your child(ren) 16 to 21 years old begins or drops out of school or training.
- You or your spouse become pregnant and want aid for the unborn, or you or your spouse terminate a pregnancy for which you are receiving aid.
- Someone moves into or out of your home (including your children).
- You move to another address, or you visit outside the county or state more than 30 days.
- You get married, become separated, or divorced.
- You reunite with your spouse or the absent parent returns to the home.

If you aren't sure that a change should be reported, contact your eligibility worker. If you receive aid to which you are not entitled as a result of failing to report facts, a demand for repayment may be made.

What You Have to Do:

You must answer **ALL** the questions on this form. Your eligibility worker will need to see some documents to verify certain facts. These include:

Bring these items with you to the appointment scheduled on _____ at _____.

If you don't cooperate in the redetermination process, your case may be discontinued.

STATEMENT OF FACTS SUPPORTING
ELIGIBILITY FOR ASSISTANCE (REDETERMINATION)

PLEASE PRINT IN INK

1. YOUR NAME (FIRST, MIDDLE, LAST)

2. List all persons for whom you are receiving aid (include unborn children) List first, middle, last names)

SPOUSE OR UNMARRIED PARENT

OTHER ADULT

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

UNBORN CHILD (ENTER EXPECTED DATE OF BIRTH)

3. ARE ALL THE PERSONS LISTED ABOVE LIVING IN YOUR HOME?

☐ YES☐ NO

IF NO, EXPLAIN

4. LIST ALL OTHER PERSONS (FRIENDS, RELATIVES, STEPFATHER, NONNEEDY CARETAKER) LIVING IN YOUR HOME FOR WHOM YOU ARE NOT RECEIVING AID.

NAME FIRST, MIDDLE, LAST	AGE	SEX M/F	RELATIONSHIP TO CHILDREN	DOES PERSON HAVE INCOME ?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

5. DO YOU HAVE A CHILD(REN) 16 YEARS AND OVER, ATTENDING SCHOOL?

☐ YES☐ NO

IF YES, COMPLETE THE FOLLOWING:

CHILD'S NAME	NAME AND ADDRESS OF SCHOOL

6. Do you (or any member of your family for whom you are receiving aid) have monthly income from any sources such as: Earnings, Supplemental Security Income, Railroad Retirement, Unemployment or Disability Insurance, Veterans' Benefits, Child/Spousal Support, etc.?

☐ YES☐ NO

If YES, complete the following:

PERSON RECEIVING INCOME	SOURCE OF INCOME	AMOUNT	Date(s) Received
		\$	
		\$	
		\$	

7. Do you (or any member of your family for whom you are receiving aid) receive any of the following free or in exchange for work that you do? ☐ YES ☐ NO☐ Housing or Rent☐ Utilities☐ Food☐ Clothing

If YES, explain what is received, its value and who receives it:

8. Do you (or any member of your family for whom you are receiving aid) have any resources, such as: Cash or checks on hand, at home or in a safe deposit box; savings or checking accounts; credit union accounts; mortgages; trust funds or other resources which can be quickly changed into cash?

☐ YES☐ NO

If YES, complete the following:

TYPE OF RESOURCE	OWNER	CURRENT VALUE	NAME AND ADDRESS OF BANKS, BRANCHES, ETC.	ACCOUNT NUMBER

COUNTY USE ONLY

CASE NUMBER

CASE NAME

DEPRIVATION STATUS

☐ ABSENCE☐ UNEMPLOYMENT☐ DEATH☐ INCAPACITYHAS FAMILY BUDGET UNIT COMPOSITION
CHANGED SINCE LAST REVIEW?☐ YES☐ NO

WAS CHANGE REPORTED ON CA 7?

☐ YES

DATE

☐ NO☐ CA 2.2☐ CA 293

SCHOOL ATTENDANCE VERIFIED

☐ YES☐ NO☐ YES☐ NO☐ YES☐ NO

Reported on CA 7

☐ YES☐ NO

CHANGE IN INCOME?

☐ YES☐ NO

INKIND INCOME VALUE:

☐ UNEARNED \$☐ EARNED \$

REPORTED ON CA 7?

☐ YES

DATE

☐ NO

ASSETS

HOW VERIFIED

\$

TOTAL VALUE

[illegible]